EXPLOSIVE ORDNANCE INCIDENT REPORT		. UNIT NUMBER	2. CONTROL NUMBER		3. UNUSUAL	
For use of this form, see FM 4-30.5; the proponent agency is TRADOC.					4. ROUTINE	
the proponent agency is TNAD						
SECTION A: INITIAL INFORMATION						
5. DATE/TIME REPORTED	9. INCIDENT LOCATION		11. ITEM(S) REPORTED			
6. REPORTED BY						
7. PHONE NUMBER	10. POINT OF CONTACT					
8. ADDRESS						
SECTION B: ACTION BY EOD						
12. PERSONNEL DISPATCHED	13. DATE/TIME A. DPRT		14. TRAVEL DATA A. AIR: FLYING TIME		15. WORK HOURS A. TRAVEL	
B. ARR					_	
-	C. COMPL		B. VEH: MILEAGE		B. INCIDENT	
16. CONFIRMED IDENTIFICATION		17. DISPOSITION				
18. INCIDENT NARRATIVE (INCLUDE ALL SIGNIF	FICANT DETAILS AND	PROBLEMS)				
SECTION C: AUTHENTICATION						
19. NAME AND GRADE AND SIGNATURE OF UN	IIT COMMANDER	20. TELEPHONE I	NO.	21. DATE		